

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538880

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/	↓	/	↓	↑	
TOTAL DEP.	/	←	/	←	↑	
TOTAL CLAIMS	2	[QR]	2	[QR]	[QR]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓	↑	
TOTAL DEP.		←		←	↑	
TOTAL CLAIMS		[QR]		[QR]	[QR]	